

logistic limits to the diagnostic capability of skull radiography in the accident and emergency setting. We believe that the proposal to use findings of skull x ray examinations in preference to careful clinical assessment as the arbiter of admission for patients with mild head injury is both clinically and economically unsound.

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<sup>1</sup> Webber RL, Folio J. Radiographic detectability of occipital and temporo-parietal fractures induced in cadaver heads. *J Trauma* 1976;16:115-24.

<sup>2</sup> National Study by the Royal College of Radiologists. Costs and benefits of skull radiography for head injury. *Lancet* 1981;iii:791-5.

<sup>3</sup> Mendelow AD, Teasdale G, Jennett B, Bryden J, Hesse C, Murray G. Risks of intracranial haematoma in head injured adults. *Br Med J* 1983;287:1173-6.

<sup>4</sup> Harwood-Nash DC, Hendrick EB, Hudson AR. The significance of skull fractures in children. *Paediatric Radiology* 1971;101:151-6.

SIR,—Your correspondents on the subject of head injuries, as many others before them, preach what we all know to be true—that x ray examinations of the skull are, in almost every case of head injury, a waste of time. All of them, however, evaded one issue—who will take responsibility if it is not carried out? Will any of your correspondents accept the blame for the unfortunate casualty officer who does not order the x ray examination. I am sure they will not, and until someone else does, it would be a very foolish casualty doctor who did not order it.

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### Professionals' attitude to childbirth

SIR,—Dr Rosemary Macdonald (19 November, p 1544) trots out a series of familiar old canards about pregnant women that I would recommend all obstetric professionals to make a firm New Year resolution to banish from their thinking.

The first is that women who have carried a baby for nine months, often in sickness and discomfort, are quite happy to risk its life for the sake of trendy ideas and a good experience (last sighting, Michael O'Donnell (*Guardian* 19 October, p 13): "I can understand why women are attracted to natural childbirth . . . though not why some . . . are prepared to run risks with their own life and the life of their child rather than admit that human ingenuity has devised ways of averting some obstetrical catastrophes. . ."). Advocates of active childbirth have been wearily replying for years that their main aim was a better outcome for both mother and baby; and indeed obstetricians now recognise (I gather) that unnecessary inductions have caused a lot of iatrogenic problems in neonates and mothers, that electronic monitoring often makes labour more slow and painful without improving its management, and so on. Yet the mildest attempt to question the technology of birth is

still treated as callous disregard of the baby's safety.

The second canard is that women who have prepared for a natural childbirth are "guilt ridden" if they have to have recourse to analgesia. They may be disappointed, yes, but life brings its hopes and disappointments, and women are adults who can deal with such disappointment—not mental defectives who live in a world of unrealistic expectations and unreasonable guilt. This particular figment of the obstetric imagination derives from a view of the National Childbirth Trust as a group of rigid monomaniacs who can only envisage and cater for natural, problem free labour. The truth is that many women feel that the National Childbirth Trust is almost too uncritically pragmatic in preparing women for the whole range of procedures that may be used on them in hospital.

The third is that most couples who try to take an intelligent interest in childbirth are loonies; this point is conveyed in the supposedly typical anecdote of the woman who wanted to eat her placenta. In my profession (librarianship), as in all others, there is a cosy temptation to assume that the professional is right and sensible and the customer wrong and ludicrous. Good professionals resist this temptation and remain open and ready to learn, philosophically accepting the occasional unreasonable or abusive client. Labour is a strange and fascinating process, different in every woman, and health professionals should be able to learn from it as well as to contribute their own skills in a thoughtful and appropriate way. The mother's interest, and any preparation she has undertaken—however amateurish—should be regarded as helpful in building up her confidence, helping her to relax, and offering a range of possibly useful self help measures. A reaction of scorn and patronising dismissal of her contributions will send her blood pressure up, raise her anxiety level, and possibly inhibit her labour, which seems clinically undesirable as well as rude and cruel.

Dr Rosemary Macdonald's article comes to a fittingly depressing end with a plea to "defuse all the emotion surrounding the actual birth" because "much of the emotional satisfaction of having children surely stems from seeing them grow up." This is like saying "much of the satisfaction of falling in love stems from the contemplation of the long years of contented marriage ahead." Both things are good, but one is no reason to denigrate the other. I was prepared for whatever feelings might come after the birth of my first child last January, including anticlimax and disappointment. In fact the birth itself and the weeks afterwards were filled with overwhelming joy. I wonder how Rosemary Macdonald would defuse that—and why?

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### Did the Mad Hatter have mercury poisoning?

SIR,—May I suggest that Dr H A Waldron is too dogmatic when he states that the Mad Hatter "certainly was not poisoned with mercury" (24-31 December, p 1961). Erethism and hatters' shakes are surely in evidence when he appears as a witness at the trial of the Knave of Hearts. He shakes so much that both his shoes fall off, and he certainly shows

excessive timidity, diffidence, loss of confidence, and anxiety, to such an extent that he bites a piece out of his cup instead of the bread and butter. He makes remarks like "I'm a poor man, your Majesty" and, when the King tells him he may stand down, "I can't go no lower, I'm on the floor as it is." He was certainly quarrelsome at the tea party, which might well be a manifestation of erechthism with "explosive loss of temper when criticised."

Lewis Carroll was very interested in medicine and had a large enough medical library for these books to be specifically mentioned in his will when he left them to one of his nephews who was a medical student.<sup>1</sup> He was also a friend of Sir James Paget, with whom he corresponded for many years, often on medical matters.<sup>2</sup>

There does not seem to be a single model for any of the characters. Carroll's imagination was so fertile that the Hatter can at the same time be an eccentric local tradesman—Theophilus Carter, well known to all the Liddell children—a vehicle for a philosophical discussion on the implications and meaning of time, a little man at the mercy of tyrants, a description of a case of mercury poisoning, and probably a lot else as well.

I am not suggesting that Carroll knew that hatters were in danger from mercury poisoning, but he may well have seen a mad hatter. With his extraordinary ability to observe and portray the oddities of human behaviour and his interest in clinical matters I would expect him to describe with great accuracy the type of madness found in these unfortunate people, which he seems to me to have done.

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<sup>1</sup> Collingwood SD. *Life and letters of Lewis Carroll*. London: Thomas Nelson and Sons, 1898:128.

<sup>2</sup> Collingwood SD. *Life and letters of Lewis Carroll*. London: Thomas Nelson and Sons, 1898:708.

SIR,—I agree with Dr H A Waldron (24-31 December, p 1961) that the Mad Hatter did not have mercury poisoning, but for quite a different reason from the one Dr Waldron gave. Mercury is still used for top hats and policemen's helmets, which are made of rabbit fur. With doormen's hats today and the policeman's helmet there is no risk of poisoning because even when the hat is wet a doorman touches the brim instead of dipping his fingers inside its brim. The policeman's helmet has no brim and if he licks anything it will be his pencil; he could not get lead poisoning as pencils do not contain lead.

This is the question. Did the Mad Hatter have lead poisoning? At that time lead lotion was often applied to a sore nipple and lead shields were sometimes used over the nipples. Perhaps the Mad Hatter's symptoms are explained by lead poisoning from infancy, which can cause permanent mental impairment.

As to the Mad Hatter's watch, butter would have lubricated its works and caused it to gain rather than to lose time. However, butter dries up and the watch would then stop and he would shake it to get it going again.

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SIR,—Dr H A Waldron is confusing two separate issues (24-31 December, p 1961)